

ISSUE SLIP STAPLE AREA (for additional cross references)

09-925829

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		10/4	09.27.01
RESPONSE FORMALITY REVIEW		947	11/08/01

INDEX OF CLAIMS

..... Rejected N Non-elected
..... Allowed I Interference
(Through numeral)... Canceled A Appeal
..... Restricted O Objected

Claim	Date
Final	
Original	
1	11/12/01
2	11/12/01
3	11/12/01
4	11/12/01
5	11/12/01
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8	11/12/01
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49	11/12/01
50	11/12/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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